Revision:	HCFA-PM-95-4 JUNE 1995	(HSQB)		ATTACHMENT 4.35-C
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT				
	State	WASHINGTON		
ELIGIBILITY CONDITIONS AND REQUIREMENTS Enforcement of Compliance for Nursing Facilities				
Femporary Management: Describe the criteria (as required at §1919 (h) (2)(A)) for applying the remedy.				
X Spec	cified Remedy		Alternative Ren	medy
(Will use the criteria and notice requirements specified in the regulation.)			(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)	

Chapter 18.51 RCW

TN# 95-12 Approval Date: 11/21/95 Effective Date: 7/1/95

TN# 95-12 Supersedes TN# -----